

**58****Partnership** return of income**2000**For **2000** CALENDAR YEAR, or other tax year beginning \_\_\_\_\_, 2000, and ending \_\_\_\_\_, 20\_\_\_\_

Name of partnership		Federal EIN*	
Mailing address		Date business started	
City, town, state and Zip Code	Phone (daytime)	<input type="checkbox"/> Check if this is an amended return	
<b>Type of partners (Check all that apply):</b> 1. <input type="checkbox"/> Partnership(s)   2. <input type="checkbox"/> Individual(s)   3. <input type="checkbox"/> Corporation(s)   4. <input type="checkbox"/> Other (Identify) _____		Was a North Dakota Form 58 filed for the preceding year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Type of business:</b> A. <input type="checkbox"/> Farming/ranching   D. <input type="checkbox"/> Professional services   G. <input type="checkbox"/> Manufacturing   J. <input type="checkbox"/> Finance, insurance, and real estate B. <input type="checkbox"/> Retail/wholesale   E. <input type="checkbox"/> Other services   H. <input type="checkbox"/> Transportation C. <input type="checkbox"/> Rentals   F. <input type="checkbox"/> Construction   I. <input type="checkbox"/> Oil, gas, or coal   K. <input type="checkbox"/> Other (Identify) _____			
<ul style="list-style-type: none"> <li>Did this partnership invest in a North Dakota venture capital corporation this year? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Is this return being filed for a limited liability company (LLC)? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>		Check this box if a Schedule RZ is attached <input type="checkbox"/>	
1. Partners' shares of income or loss (from Federal Form 1065, Schedule K, lines 1 through 7 or from Federal Form 1065-B, Schedule K, lines 1a, 2, 3b, 4b, 7 and 8) .....		1	
2. Partners' shares of deductions (from Federal Form 1065, Schedule K, line 9 plus any deduction from line 11 which is not an itemized deduction; if Federal Form 1065-B is used, enter -0-) .....		2	
3. Balance (Subtract line 2 from line 1) .....		3	
4. North Dakota additions (See instructions) (Attach supporting schedule) .....		4	
5. Balance (Add lines 3 and 4) .....		5	
6. North Dakota subtractions:			
a. Interest income from U.S. obligations .....		6a	
b. Other (See instructions) (Attach supporting schedule) .....		6b	
c. Total North Dakota subtractions (Add lines 6a and 6b) .....		6c	
7. Adjusted federal income or loss (Subtract line 6c from line 5). If 100% North Dakota partnership, skip lines 8 through 12 and enter this amount on line 13 .....		7	
8. Net allocable income or loss (See instructions) (Attach supporting schedule) .....		8	
9. North Dakota apportionable income or loss (Subtract line 8 from line 7) .....		9	
10. Apportionment factor (from line 14, Schedule B, Form 58) .....		10	— · — — — — —
11. Income or loss apportioned to North Dakota (Multiply line 9 by line 10) .....		11	
12. Net North Dakota allocable income or loss (See instructions) (Attach supporting schedule) .....		12	
13. North Dakota income or loss (Add lines 11 and 12) .....		13	

**Attach a complete copy of the 2000 federal partnership return of income**

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. \*For Privacy Act information, see bottom of page 2 of this form.

Signature of general partner or authorized representative	Date	<b>For Tax Department use only</b>
Signature of paid preparer	Date	
<b>Mail to:</b> Office of State Tax Commissioner, State Capitol, 600 East Boulevard Avenue, Bismarck, ND 58505-0599		

## Schedule A: Distribution of income (loss) and renaissance zone exemptions and credits to partners

Name and address of partner • If partner is a nonresident of North Dakota, check box. • If additional lines are needed, attach a schedule.	Partner's SSN or FEIN	Partner's distributive share			
		%	North Dakota income or loss from Form 58, page 1, line 13	Renaissance zone income exemption from Schedule RZ, Part 6, line 3	Renaissance zone tax credit from Schedule RZ, Part 6, line 7
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<b>Total</b> (Add all partners' distributive shares) .....		<b>100%</b>			

## Schedule B: Calculation of apportionment factor (for multistate partnership)

Except as provided in the instructions, all multistate partnerships must complete this schedule

Property factor	Column 1 Total	Column 2 North Dakota	Column 3 Factor (Column 2 ÷ Column 1)
Average value at <i>original</i> cost of real and tangible personal property used in the business. (Exclude value of construction in progress)			
1. Land .....			1
2. Buildings and other fixed depreciable assets .....			2
3. Depletable assets .....			3
4. Inventories .....			4
5. Other assets ( <i>Attach schedule</i> ) .....			5
6. Rented property ( <i>Annual rental capitalized x 8</i> ) .....			6
7. Total property ( <i>Add lines 1 through 6</i> ) .....			7
<b>Payroll factor</b>			
8. Wages, salaries, commissions and other compensation of employees which were included in the Federal Form 1065 (If the amount in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach a detailed explanation.)			8
<b>Sales factor</b>			
9. Gross receipts or sales, less returns and allowances (Federal Form 1065, Line 1c) .....			9
10. Sales delivered or shipped to North Dakota destinations .....			10
11. Sales shipped from North Dakota to:			11
(a) The United States Government .....			(a)
(b) Purchasers in a state or foreign country where the partnership did not have a filing requirement .....			(b)
12. Total sales ( <i>Add lines 9 through 11</i> ) .....			12
13. Sum of factors ( <i>Add lines 7, 8, and 12</i> ) .....			13
14. Apportionment factor ( <i>Divide line 13 by 3; however, if there are less than three factors, divide by the number of factors actually present on lines 7, 8 and 12</i> ) Enter result on page 1, line 10, Form 58 .....			14

\* In compliance with the Federal Privacy Act of 1974, Public Law 93-579, the disclosure of a social security number or a federal employer identification number on this form is mandatory and is required under Subsections 1 and 7 of North Dakota Century Code § 57-38-31. A social security number or federal employer identification number is used as an identification number by the Office of State Tax Commissioner for file control purposes, recordkeeping, and for cross-checking the taxpayer's files with the Internal Revenue Service.